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# FEC FORM 3L

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5  
Friends for Harry Reid

ADDRESS (number and street) PO Box 19163  
Check if different than previously reported. (ACC) Las Vegas NV 89132  
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C00204370  
3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)  
4. STATE DISTRICT NV 00  
For Candidates Only

5. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2) and/or Semi-annual Report  
☒ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE) and/or Semi-annual Report  
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report  
(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report  
(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Special (12S) ☐ Convention (12C)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of See Line 6(b)  
(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of See Line 6(b)  
This report also covers the semi-annual period

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
This report covers M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y and/or January 1 - June 30  
07 01 2014 09 30 2014 July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
32000.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Claude Zobell  
Signature of Treasurer Claude Zobell Date 10 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  
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